

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	
1	1		1		
2	1				
3	2				
4	2		2	1	
5	2				
6	2		2	2	
7	2				
8	3		2	1	
9	2			2	
10	2				
11	2		2	2	
12	2			1	
13	2		2	2	
14	2		2	2	
15	2		2	2	
16	1				
17	1				
18	2				
19	2				
20	2				
21	2				
22	2				
23	2				
24	2				
25	2				
26	2				
27	2				
28			1		
29			1		
30			1		
31			1		
32			1		
33			1		
34			0		
35			1		
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

TOTAL IND.

105

↓

148

↓

50

↓

TOTAL IND.

100

↓

100

↓

100

↓